

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

-62-007002

STATE FILE NUMBER

Registration District No.

164

Primary Registration District No.

3032

Registrar's No.

1-3031

AMENDED

FILED MAR 5 1962

1. PLACE OF DEATH

a. COUNTY

Johnson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Warrensburg

Length of stay in 1b

4 yrs.

c. CITY

OR TOWN

Buckner

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

CMSC

Hout-Hosey Dormitory

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

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Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Carol

Middle

Anne

Last

Kessler

4. DATE OF DEATH

Month

Feb.

Day

26

Year

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/15/40

9. AGE (last birthday)

22

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

10b. KIND OF BUSINESS OR INDUSTRY

College

11. BIRTHPLACE (City and state or country)

Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Fred W. Kessler

13b. MOTHER'S MAIDEN NAME

Florance L. Duncan

14. NAME OF HUSBAND OR WIFE

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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Address

Mr. Fred W. Kessler, Buckner, Mo.

18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Gunshot wound self-inflicted

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☒

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

2:00

Month, Day, Year

2/26/62

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Hout-Hosey Dormitory

20f. CITY, TOWN, OR LOCATION

Warrensburg

COUNTY

Johnson

STATE

Missouri

21. I attended the deceased from _____, to _____, and last saw her him alive on _____.

Death occurred at _____ 2 P.M. _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Kelly Rawlins M.D. Coroner Johnson Co

22b. ADDRESS

Holder Mo

22c. DATE SIGNED

2/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Mar. 1, 1962

23c. NAME OF CEMETERY OR CREMATORY

Buckner Cemetery

23d. LOCATION (City, town, or county)

Buckner, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Sweeney-Phillips-Warrensburg, Mo.

25. DATE RECD. BY LOCAL REG.

Feb. 26, 1962

26. REGISTRAR'S SIGNATURE

Savannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.